

POSITION	ID NO.	DATE
CLASSIFIER		
EXAMINER	412	8-9-95
TYPIST	335	8-9-95
VERIFIER		
CORPS CORR.		
SPEC. HAND		
FILE MAINT.		
DRAFTING		

# INDEX OF CLAIMS

Claim	Date
Final	
Original	
1	11/14/97
2	11/14/97
3	11/14/97
4	11/14/97
5	11/14/97
6	11/14/97
7	11/14/97
8	11/14/97
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Best Available Copy

SYMBOLS  
 ✓ Rejected  
 - Allowed  
 (Through numeral) Canceled  
 N Restricted  
 I Non-elected  
 A Interference  
 O Appeal  
 O Objected

Claim	Date
Final	
Original	
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